

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	JH		08/01/01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		48	6/13/01
FORMALITY REVIEW	K	1019	07-27-01
RESPONSE FORMALITY REVIEW	A.M	530	10-04-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	4/1/01
2	4/1/01
3	4/1/01
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet her

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10-04-01  
 283-856  
 08/17/01